1993 AIR QUALITY STUDY

Card 13

LAST VISIT SURVEY

NAME: _____ PARTICIPANT #: ____ ____ ____

1a. Which methods of cooking are used in your household? (CIRCLE ALL #'S THAT APPLY UNDER COLUMN LABELED "1a. Use".)

1b. And, which do you use most often? (CIRCLE ONE # ONLY UNDER COLUMN "1b.".)

	1a. Use (6-10)	(11) 1b. Use Most Often
Microwave Oven	1	1
Electric Stove	2	2
Gas Stove	3	3
Other (Specify)		
_____	( )	( )
_____	( )	

2. Which, if any, of the following do you use on a fairly regular basis--say at least once a week? (PLEASE CIRCLE ALL THAT APPLY.)

(IF USED, WHICH TYPE?) (12-14)

Air Freshener
- Aerosol can (pressurized) ... -1
- Solid ..... -2
- Heated potpourri ..... -3
- Liquid ..... -4

Liquid Bleach ..... -5 (15)

(IF USED, WHICH TYPE?)

Furniture Polish
- Aerosol can (pressurized) ... -6 (16-18)
- Spray pump (unpressurized) .. -7
- Liquid/Paste ..... -8

CONTINUE →

PM3006519335

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

(IF USED, WHICH TYPE?)

Hair Spray/Other Hair Care Sprays
- Aerosol can (pressurized) ... -1 (19-20)
- Spray pump (unpressurized) .. -2

(IF USED, WHICH TYPE?)

Kitchen/Surface Cleaner
- Aerosol can (pressurized) ... -1 (21-23)
- Spray pump (unpressurized) .. -2
- Liquid/Paste ..... -3

(IF USED, WHICH TYPE?)

Window Cleaner
- Aerosol can (pressurized) ... -1 (24-25)
- Spray pump (unpressurized) .. -2

Fingernail Polish/Remover ..... -1 (26)

Carpet Freshener (Powder) ..... -1 (27)

(IF USED, WHICH TYPE?)

Carpet Cleaner
- Aerosol can (pressurized) ... -1 (28-30)
- Spray pump (unpressurized) .. -2
- Stick (solid) ..... -3

(IF USED, WHICH TYPE?)

Laundry Stain Remover
- Aerosol can (pressurized) ... -1 (31-33)
- Spray pump (unpressurized) .. -2
- Stick (solid) ..... -3

(IF USED, WHICH TYPE?)

Perfume/Aftershave Cologne
- Aerosol can (pressurized) ... -1 (34-36)
- Spray pump (unpressurized) .. -2
- Liquid ..... -3

(IF USED, WHICH TYPE?)

Deodorant
- Aerosol can (pressurized) ... -1 (37-39)
- Liquid/Cream (unpressurized). -2
- Solid ..... -3

(IF USED, WHICH TYPE?)

Bug Killer
- Aerosol can (pressurized) ... -1 (40-43)
- Spray pump (unpressurized) .. -2
- Solid ..... -3
- Powder ..... -4

CONTINUE →

PM3006519336

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

3a. What type of heating do you have in your home? (CIRCLE ALL THAT APPLY IN COLUMN 3a.)

3b. (FOR EACH ONE CIRCLED AT 3a) Does your heating system have a fan or other mechanism that somehow "forces" the heated air into the room or "circulates" it throughout the house? (Examples: Heat pump, central air, fireplace heatalator) (CIRCLE "YES", "NO", OR "DK" IF DON'T KNOW IN COLUMN 3b.)

3c. Which type of heating do you use most often? (CIRCLE ONE # IN COLUMN 3c.)

	3a. (HAVE) (44-31)	3b. (FORCED AIR?) (1) (2) (3)	3c. (USE MOST OFTEN) (66-67)
Electric	01	(32)yes no DK	01
Gas	02	(53)yes no DK	02
Kerosene	03	(54)yes no DK	03
Steam	04	(55)yes no DK	04
Oil	05	(56)yes no DK	05
Fireplace insert:			
Wood-burning	06	(57)yes no DK	06
Coal-burning	07	(58)yes no DK	07
Gas logs	08	(59)yes no DK	08
Fireplace without an insert:			
Wood-burning	09	(60)yes no DK	09
Coal-burning	10	(61)yes no DK	10
Gas logs	11	(62)yes no DK	11
Other: specify			
_____	( )	(63)yes no DK	( )
_____	( )	(64)yes no DK	( )
_____	( )	(65)yes no DK	( )
Don't know	12		12

CONTINUE ——→

PM3006519337

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

3d. How is your home cooled? (CIRCLE ALL THAT APPLY IN COLUMN 3d.)

3e. Which type of cooling system is used most often in your home? (CIRCLE ONE NUMBER IN COLUMN 3e.)

	3d (HAVE/USE) (68-75)	3e (USE MOST OFTEN) (76-77)
Central air/Heat pump	01	01
Window air conditioning unit	02	02
Fan - portable	03	03
Fan - ceiling	04	04
Fan - window	05	05
Open the windows	06	06
Evaporative (swamp cooler)	07	07
Other: (SPECIFY) _____ _____	( ) ( )	( )
Don't know	08	08

4a. Do you have any type of air cleaning device in your home?

Yes → What type?

Portable	-1	(78)
Central air	-2	
Both	-3	
Don't know	-4	
No	-5 → SKIP TO Q.5	
Don't know	-6 → SKIP TO Q.5	

4b. How does this (these) air cleaner(s) work?

Filters → Is that a charcoal filter?

Yes	-1	(6)
No	-2	
Don't know	-3	
Ionizing	-4	
Electrostatic Precipitator	-5	
Don't know	-6	

CONTINUE →

PM3006519338

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

5. In a typical week, do you have any visitors or in-home workers who smoke cigarettes in your home?

(7)

Yes ..... -1 → Approximately how many cigarettes are smoked by these people in your home in a typical week?

_____ (Write # on line) (8-10)

No ..... -2

6. How many, if any, live house plants do you have in your home?

(11-12)

_____ (Write # on line)

7. Have you ever lived in a residence where a pet bird was kept? (CIRCLE ONE NUMBER ONLY.)

Yes, we keep a pet bird in my current home ..... -1 (13)

Yes, there was a pet bird where I used to live ..... -2

No, never ..... -3

CONTINUE →

PM3006519339

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

8a. What are your main hobbies? (CIRCLE ALL THAT APPLY IN COLUMN 7a.)

8b. Which hobbies have you spent any time with in the last five days? (CIRCLE ALL THAT APPLY IN COLUMN 7b.)

8c. And what are the main hobbies of others in your household? (CIRCLE ALL THAT APPLY IN COLUMN 7c.)

INSIDE ACTIVITIES	7a. Your Main Hobbies (14-33)	7b. You Did In Last 5 Days (34-53)	7c. Hobbies of Others In Household (54-73)
Reading/Writing	01	01	01
Sewing	02	02	02
Watching T.V./Video	03	03	03
Crafts	04	04	04
Painting (Household)	05	05	05
Painting (Art)	06	06	06
Cooking/Entertaining	07	07	07
Model Making	08	08	08
Aerobics/Exercise	09	09	09
Other: _____	( )	( )	( )
_____	( )	( )	( )
OUTSIDE ACTIVITIES			
Painting	51	51	51
Cooking/Entertaining52	52	52	52
Running/Cycling	53	53	53
Other exercise	54	54	54
Other sports	55	55	55
Gardening	56	56	56
Yardwork	57	57	57
Other: _____	( )	( )	( )
_____	( )	( )	( )

9a. Are most or all of the floors in your home carpeted?

Yes ..... -1 (74)

No ..... -2

CONTINUE ——→

PM3006519340

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

9b. Has new wall-to-wall carpeting been installed anywhere in your home during the past six months?

Yes ——→ How long ago? (75)

- In the past week ..... -1
- Less than 1 month ago -2
- 1-3 months ago ..... -3
- 3-6 months ago ..... -4

No ..... -5

9c. Have new area rugs been added anywhere in your home during the past six months?

Yes ——→ How long ago? (76)

- In the past week ..... -1
- Less than 1 month ago -2
- 1-3 months ago ..... -3
- 3-6 months ago ..... -4

No ..... -5

9d. Have any remodeling or renovation projects been completed in your house within the last six months (i.e., painting, new kitchen, etc.)?

(77)

Yes ..... -1 78-

79-1
80-4
CARD 15

(PLEASE DESCRIBE)

_____ / _____ (8-11)
Project Date

12-

_____ / _____ (13-18)
Project Date

No ..... -2

9e. Has the inside of your home been sprayed by an exterminator within the past month?

Yes ..... -1 (18)

No ..... -2

CONTINUE ——→

PM3006519341

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

10a. How frequently do you bring home clothes from a dry-cleaner? (CIRCLE ONE #.)

Once a week	-1	(20)
Once a month	-2	
Once every 2-3 months ..	-3	
Once every 4-6 months ..	-4	
Once every 7-11 months .	-5	
Once a year	-6	
Less than once a year ..	-7	
Never	-8	

10b. And how many times did you bring dry cleaning home during this past week?

_____ (21)
(WRITE IN # TIMES)

11. In which environment do you think that you are exposed to the most tobacco smoke in the air? (CIRCLE ONE # ONLY.)

While at home	-1	(22)
While at work	-2	
While travelling/driving	-3	
While in restaurants/ bars	-4	
While in other types of buildings	-5	
While outdoors	-6	
Nowhere/Not exposed	-7	

12. During the study period, how many tobacco products (cigarettes, pipes, cigars) do you think that you were exposed to? (WRITE APPROXIMATE # FOR EACH LOCATION. IF NONE, WRITE "0".)

At home	_____	(23-25)
At work	_____	(26-28)
While travelling/driving.	_____	(29-31)
While in restaurants/ bars	_____	(32-34)
While in other types of buildings	_____	(35-37)
While outside	_____	(38-40)

CONTINUE ——→

PM3006519342

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

13. Please circle the frequency with which you personally ate the following foods during the past month. (CIRCLE ONE NUMBER IN EACH ROW.)

	Ate more than once a day.	Ate once a day.	Ate 2-6 times per week.	Ate once a week.	Ate less than once a week.	Never ate during past month.
Eggs (41)	-1	-2	-3	-4	-5	-6
Butter (42)	-1	-2	-3	-4	-5	-6
Margarine (43)	-1	-2	-3	-4	-5	-6
Green vegetables (spinach, peas, broccoli, etc.) (44)	-1	-2	-3	-4	-5	-6
Salad (45)	-1	-2	-3	-4	-5	-6
Yellow vegetables (Carrots, corn, yellow squash, etc.) (46)	-1	-2	-3	-4	-5	-6
Red Meat or Pork (47)	-1	-2	-3	-4	-5	-6
Chicken (48)	-1	-2	-3	-4	-5	-6
Fish (49)	-1	-2	-3	-4	-5	-6
Fruit (50)	-1	-2	-3	-4	-5	-6
Fruit Juices (51)	-1	-2	-3	-4	-5	-6
Vitamin Supplements (52)	-1	-2	-3	-4	-5	-6
Breads/Pasta/Cereal (53)	-1	-2	-3	-4	-5	-6
Tomatoes/Potatoes/ Peppers/Eggplant (54)	-1	-2	-3	-4	-5	-6

PM3006519343

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

14a. Please look at the beverages listed below. For each beverage that you drink on a daily basis, please write in the number of servings you drink per day.

14b. For each beverage that you do not drink on a daily basis, please circle one number to indicate how often, if at all, you drank that beverage during the past month.

	14a.	14b. - FREQUENCY				
Item	If used daily, write in # servings per day	Drank 4 or more servings per week	Drank 1-3 servings per week	Drank one serving per week	Drank less than one serving per week	Did not drink
Whole milk	(55)	(74) -1	-2	-3	-4	-5
Low fat milk	(56)	(75) -1	-2	-3	-4	-5
Beer/Wine/Mixed Drink	(57)	(76) -1	-2	-3	-4	-5
Fruit juices	(58)	(77) -1	-2	-3	-4	-5
Vegetable juices (i.e., tomato, V8, etc.)	(59)	(78) -1	-2	-3	-4	-5
Water	(80)	(6) -1	-2	-3	-4	-5
Green tea	(61)	(7) -1	-2	-3	-4	-5
Regular instant coffee	(62)	(8) -1	-2	-3	-4	-5
Regular brewed coffee	(63)	(9) -1	-2	-3	-4	-5
Decaf instant coffee	(64)	(10) -1	-2	-3	-4	-5
Decaf brewed coffee	(65)	(11) -1	-2	-3	-4	-5
Regular instant hot tea	(66)	(12) -1	-2	-3	-4	-5
Regular brewed hot tea	(67)	(13) -1	-2	-3	-4	-5
Decaf instant hot tea	(68)	(14) -1	-2	-3	-4	-5
Decaf brewed hot tea	(69)	(15) -1	-2	-3	-4	-5
Regular instant iced tea	(70)	(16) -1	-2	-3	-4	-5
Regular brewed iced tea	(71)	(17) -1	-2	-3	-4	-5
Decaf instant iced tea	(72)	(18) -1	-2	-3	-4	-5
Decaf brewed iced tea	(73)	(19) -1	-2	-3	-4	-5

79-1
80-3
Card 1E

CONTINUE ——→

PM3006519344

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

15a. Is your personal health...(CIRCLE ONE NUMBER)?

Excellent	-1	(20)
Good	-2	
Fair	-3	
or, Poor	-4	

15b. How often, if at all, do you exercise? (CIRCLE ONE NUMBER.)

Daily	-1	(21)
4-6 times a week	-2	
2-3 times a week	-3	
Once a week	-4	
Less than once a week ..	-5	
Never	-6	

15c. Have you had any MAJOR health problems in the last five years?

Yes	-1		(22)
No	-2	→ GO TO QUESTION 16 ON THE NEXT PAGE.	

15d. WHAT DOES (DO) YOUR HEALTH PROBLEM(S) INVOLVE?

Heart	-1	(23-27)
Diabetes	-2	
Breathing	-3	
Kidney	-4	
Other (Specify): _____	( )	

CONTINUE →

PM3006519345

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

16. Now, some questions about your eating habits. (CIRCLE UNDER "AGREE" OR "DISAGREE" FOR EACH STATEMENT.)

	AGREE	DISAGREE	
a) I eat fried foods at least two or three times a week	-1	-2	(28)
b) I eat salads/raw vegetables at least two or three times a week	-1	-2	(29)
c) I am eating less fat than a year or so ago	-1	-2	(30)
d) At home, I tend to eat the same foods as the other adults in our household	-1	-2	(31)
e) I eat out in restaurants often	-1	-2	(32)
f) I am currently on a diet	-1	-2	(33)
g) I take vitamin supplements	-1	-2	(34)
h) I eat what I feel like eating	-1	-2	(35)
i) I am a vegetarian (lacto, ovo, lacto/ovo)	-1	-2	(36)
j) I am a vegan (i.e., no meat, eggs or dairy products)	-1	-2	(37)
k) I believe food has a greater effect on health than pollution in the air	-1	-2	(38)

17. Please circle the frequency with which you personally ate at the following types of restaurant during the past month. (CIRCLE ONE NUMBER IN EACH ROW.)

	Ate one or more times a day.	Ate 2-6 times per week.	Ate once a week.	Ate less than once a week.	Never ate during past month.	
Fast Food Restaurant	-1	-2	-3	-4	-5	(39)
Family Style Restaurant	-1	-2	-3	-4	-5	(40)
Cafeteria	-1	-2	-3	-4	-5	(41)
Adult-oriented Restaurant	-1	-2	-3	-4	-5	(42)

CONTINUE ——→

PM3006519346

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001

These last questions are only for purposes of dividing participants into groups.

18. To make sure we include a variety of participants, are you...? (CIRCLE ONE NUMBER BELOW.)

White/Caucasian	-1	(43)
Black/African American	-2	
Hispanic	-3	
Native American Indian	-4	
Oriental	-5	
Other (SPECIFY:_____)	-6	

19. What is the highest level of education that you have completed? (CIRCLE ONE NUMBER BELOW.)

Grade School or Less	-1	(44)
Some High School	-2	
Completed High School	-3	
Some College	-4	
Completed College	-5	
Some Graduate School	-6	
Competed Graduate School ...	-7	

20. Is your total household income?

Less than $10,000	-1	(45)
$10,000 to $19,999	-2	
$20,000 to $29,999	-3	
$30,000 to $39,999	-4	
$40,000 to $49,999	-5	
$50,000 to $74,999	-6	
$75,000 to $99,999	-7	
$100,000 or more	-8	

b.45-78	
79-1	80-6

PLEASE SEE ONE OF OUR HOSTESSES/INTERVIEWERS TO REVIEW YOUR QUESTIONNAIRES, AND RECEIVE YOUR GRATUITY. THANK YOU FOR PARTICIPATING IN OUR AIR QUALITY PROJECT.

PM3006519347

Source: https://www.industrydocuments.ucsf.edu/docs/ykgj0001